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VIA FACSIMILE

ATTENTION: Examiner Chaudhry
GROUP ART UNIT: 1746
FIRM/CO. NAME: United States Patent and Trademark Office
Application NO: 10/777,866
FAX NO: (571)273-8300
FROM: Amy M. Wells
DATE: December 13, 2006
OUR REFERENCE NO: 008834 USA/AGS/IBSS/LAP

TOTAL NUMBER OF PAGES 19 (INCLUDING COVER PAGE)

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BUSINESS PHONE: (415) 538-1555 FACSIMILE NO.: (415) 538-8380

MESSAGE:

Examiner Chaudhry:
Please see the attached transmittal, amendment and RCE.
Thank you,
Amy Wells

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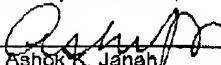

DEC 13 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schweitzer et al.	Group No: 1746
Application No: 10/777,866	Examiner: Saeed T. Chaudhry
Confirmation No: 6117	Attorney Docket No: 008834 USA/AGS/IBSS/LAP
Filed: February 11, 2004	Wednesday, December 13, 2006
Title: CLEANING OF CHAMBER COMPONENTS	San Francisco, CA 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> RCE Transmittal <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$120.00	\$60.00
	<input checked="" type="checkbox"/> Two Months	\$450.00	\$225.00
<input type="checkbox"/> Three Months	\$1020.00	\$510.00	
	Total \$ 450.00		
	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	26	28	0	\$50.00	\$20.00	\$0.00
Independent Claims	2	3	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims				\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$450.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
RCE Fee	\$790.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Minus Previously Paid Extension of Time Fees	(\$120.00)		
Total	\$1,120.00		
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$330.00.		Please direct all telephone calls to: Ashok K. Janah at (415)638-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at Fax No. (571)273-8300 on the date shown below.		Respectfully Submitted, By:  Date: <u>December 13, 2006</u> Ashok K. Janah Registration No. 37,487	
By:  Date: <u>December 13, 2006</u> Amy Wells			